

Incident / Close Call Reporting Form



Date of Incident: _____ Company: _____
Date Reported: _____ Location: _____
Reported By: _____ Type of Job: _____

Describe incident / close call (draw diagram on other side if helpful)	<input checked="" type="checkbox"/>	Category
Notes:	<input type="checkbox"/>	close call
	<input type="checkbox"/>	bodily injury/illness
Notes:	<input type="checkbox"/>	lost time
	<input type="checkbox"/>	dangerous goods spill
Notes:	<input type="checkbox"/>	fire
	<input type="checkbox"/>	vehicle incident / damage
Notes:	<input type="checkbox"/>	ATV incident / damage
	<input type="checkbox"/>	other equipment damage
Notes:	<input type="checkbox"/>	other (describe)
	<input type="checkbox"/>	other (describe)
Name(s) of employees/contractors involved in incident/close call:		
Names/contact info of any individual or witnesses involved in incident / close call:		
If first aid was rendered, name of attendant:		

Describe immediate and root cause of incident / close call:				
Notes	<input checked="" type="checkbox"/>	Immediate cause(s)	<input checked="" type="checkbox"/>	Root cause(s)
Notes:	<input type="checkbox"/>	failure to follow safe work procedures	<input type="checkbox"/>	inadequate work planning, engineering, design
Notes:	<input type="checkbox"/>	improper use of equipment/tools/lockout	<input type="checkbox"/>	inadequate policies, procedures
Notes:	<input type="checkbox"/>	failure to warn or instruct	<input type="checkbox"/>	inadequate communications
Notes:	<input type="checkbox"/>	body motions – pushing, pulling repetition	<input type="checkbox"/>	inadequate supervision
Notes:	<input type="checkbox"/>	improper use of PPE	<input type="checkbox"/>	inadequate risk/hazard assessment
Notes:	<input type="checkbox"/>	inadequate awareness of surroundings	<input type="checkbox"/>	mental, physical stress/fatigue
Notes:	<input type="checkbox"/>	poor housekeeping	<input type="checkbox"/>	inadequate maintenance/inspections
Notes:	<input type="checkbox"/>	worksite conditions – weather congestion, layout, (circle)	<input type="checkbox"/>	inadequate physical abilities
Notes:	<input type="checkbox"/>	other	<input type="checkbox"/>	other

Describe corrective action(s) to be undertaken:	
Person responsible for corrective action:	
Date action to be completed by:	
Person responsible to sign here when completed:	
Date when action was completed:	

Report and actions reviewed by

Notes:

Date:	
Name:	
Signature:	
Position:	

SEND A COPY OF THIS REPORT TO THE PARTY YOU REPORT TO.